Management of the Newborn When Maternal TB Suspected

Maternal positive TB skin test or suspected pulmonary TB during pregnancy

Maternal CXR

- Normal Maternal CXR
  - Mother is NOT contagious
  - No separation of mother from infant indicated
  - May breastfeeding
  - No TB treatment or evaluation of infant indicated

- Abnormal Maternal CXR
  - Is mother contagious?
    - Mother is contagious if:
      - Maternal CXR with infiltrates or cavitation (active TB disease) and/or
      - Recent AFB sputum smear or culture positive for TB
    - Mother is NOT contagious if:
      - No symptoms AND
      - CXR shows inactive or healed disease (i.e. calcified granuloma or healed scars)
      - Previously diagnosed, on TB treatment for at least 2 weeks AND
      - Mother’s sputum AFB smears and TB cultures are negative x 3 specimens

Ask if household contacts have TB or symptoms of TB

- Refer symptomatic adult contacts for TB test
- Refer adults with positive skin tests for CXR

If adult CXR concerning for active TB disease
- Either keep infant separate from adult TB case or start infant on INH prophylaxis

Evaluation and treatment for TB exposed infants:
- Consider pediatric TB specialist consult
- Obtain infant CXR and clinical assessment to rule out TB disease, if negative start INH prophylaxis
- If infant CXR or clinical assessment are suspicious for TB disease, consult pediatric TB or ID specialist for further evaluation and treatment
- Separation from mother is NOT required if no drug resistance and mother adheres to treatment

Follow up of infant:
- Refer infant to TB clinic for follow up
- Continue INH prophylaxis for 3-6 months depending on exposure
- TB skin test for infant at 3-6 months
- If infant’s skin test negative (<5mm) and no TB exposure for 3 months, may stop INH prophylaxis
- If infant’s skin test positive (≥ 5mm), complete 9 months INH